

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 215  
Registered No. 148

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1219 Line Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarita Sandoval { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Mch. 30 - 1929  
Month Day Year

<p>8. FATHER Full name <u>Cruz Sandoval</u></p> <p>9. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.</p> <p>10. Color or race <u>Mex.</u></p> <p>11. Age at last birthday <u>27</u> (Years)</p> <p>12. Birthplace (city or place) <u>Chihuahua Mex.</u> (State or country)</p> <p>13. Occupation Nature of Industry <u>Miner</u></p> <p>20. Number of children of this mother <u>6</u> (Taken as of time of birth of child herein certified and including this child.)</p>		<p>14. MOTHER Full maiden name <u>Feodomira Nuñez</u></p> <p>15. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.</p> <p>16. Color or race <u>Mex.</u></p> <p>17. Age at last birthday _____ (Years)</p> <p>18. Birthplace (city or place) <u>Chihuahua Mex.</u> (State or country)</p> <p>19. Occupation Nature of Industry <u>Housewife</u></p> <p>21. Were precautions taken against ophthalmia neonatorum? <u>yes</u></p>	
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 8:30 a.m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Terow M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year

Filed Apr 12, 1929 R. E. Denny  
Registrar

423-330-659